

Section: Vision Services

Subject: Eyeglasses

Section: 29.06  
Pages: 3  
Cross Reference:  
Lens Coating 29.07  
Documentation 29.13

**Coverage Criteria**

DOM covers eyeglasses prescribed by an Ophthalmologist or Optometrist when documentation supports the following:

- Eyeglasses are medically necessary, **and**
- Eyeglasses are prescribed to significantly improve vision or correct a medical condition, **and**
- Eyeglasses meet eyeglass program specifications for frames and lenses.

**Coverage Benefits/ Limitations**

Benefit	Limitations	Prior Authorization
Eyeglass Lenses and Frames	<b>Beneficiary Age 21 And Over:</b> Allowed one (1) complete pair of eyeglasses every five (5) years.	NO <b>Exception:</b> Manually priced codes
	<b>Beneficiary Under Age 21:</b> Allowed one (1) complete pair of eyeglasses every fiscal year.	NO <b>Exception:</b> Manually priced codes
Eyeglass Repair and/or Replacement	<b>Beneficiary Age 21 And Over:</b> Repairs/Replacements are <b>not</b> covered	Not Applicable
	<b>Beneficiary Under Age 21:</b> Repairs/Replacements within the fiscal year are covered when medically necessary.	First pair of replacement glasses does not require PA; any additional pairs require PA. <b>Exception:</b> Manually priced codes

**Prescriptions**

Prescriptions for eyeglass lenses must include lens specifications such as ~~lens~~, ~~type~~, ~~power~~, lens type, power, axis, prism, absorptive power, and impact resistance.

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Prescriptions for lens coating must include ICD-9 diagnosis and/or narrative diagnosis. Coverage for lens coating is limited. ~~Refer to Lens Coating section in this manual section.~~ Refer to Provider Policy Manual Section 29.07 for Lens Coating policy.

### **Lenses**

**Lenses may be glass or plastic. All lenses must meet FDA impact resistant regulations.**

### **Frames**

Only standard frames (V2020) are covered. Deluxe frames (V2025) are **not** covered. Eyeglass frames should be durable and constructed to be normally resistant to damage or breakage to minimize the need for replacement.

### **Fitting**

Fitting is a separate service. Fitting includes measurement of anatomical facial characteristics, the writing of laboratory specifications, and the final adjustment of spectacles to the visual axes and anatomical topography.

### **Lost or Stolen Lenses and Frames**

Replacement of lost or stolen lenses and/or frames is **not** covered for beneficiaries age twenty-one (21) and over.

**Replacement of lost or stolen lenses and/or frames is covered for beneficiaries under age twenty-one (21). The provider should only replace the part that is lost (Example: If a lens falls out and is lost, replace only the lens).**

### **Damaged Lenses and Frames**

Repair of damaged lenses and/or frames is **not** covered for beneficiaries age twenty-one (21) and over.

Repair of damaged lenses and/or frames is covered for beneficiaries under age twenty-one (21). The provider must document a description of the damage in the medical record. The provider must repair only the part that is damaged.

**If damage cannot be repaired or repair costs exceed the Medicaid allowable amount for new frames and lenses, the provider must dispense new eyeglasses.**

### **Prior Authorization**

Beneficiaries age twenty-one (21) and over: Prior authorization is **not** required, **except** when billing codes that are manually priced. Replacement and/or repairs are **not** covered.

Beneficiaries under age twenty-one (21): Prior authorization is **not** required for the initial pair of eyeglasses, or the first replacement pair, **except** when billing codes are manually priced. Any additional eyeglasses within the same fiscal year will require prior authorization. Prior authorization is **not** required for repairs.

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Information regarding codes that are manually priced may be found by accessing the DOM website at [www.dom.state.ms.us](http://www.dom.state.ms.us). ~~Use the drop down and click on Fee Schedules for Medicaid Provider Services. Go to the Hearing and Vision Services Fee Schedule.~~ <http://www.medicaid.ms.gov/>. Use the provider tab and go to fee schedules.

**Providers must submit prior authorization requests on the Eyeglass/Hearing Aid Authorization Form. See the Eyeglass/Hearing Aid Authorization Form section of this manual section.**

#### **Documentation**

~~Refer to Section 29.13 Documentation of this manual section.~~ Refer to Provider Policy Manual Section 29.13 for Documentation policy.